

Date of Issue
January 10, 1996

MLR

Issued At
Hunt Valley KB**INSURANCE**
Selective

Policy No. S 1352759

Named Insured: White Oak Inc
(See IL7016 0189)Address: 1 South Old Baltimore Pike
Newark, New Castle County
DE 19702

Standard Time at Location Policy Period: of Designated Premises	12:01 a.m.	From 10-11-95 To 10-11-96
--	------------	---------------------------

Representative: Agent or Broker J.A. Montgomery, Inc. # 4801

Selective Way Insurance Company
Branchville, New Jersey 07890

Schedule Of Coverage

- ☒ Commercial Property Coverage
- ☒ Commercial General Liability Coverage
- ☒ Commercial Automobile Coverage
- ☒ Commercial Inland Marine Coverage
- ☐ Commercial Crime Coverage
- ☐ Systems Breakdown Coverage
- ☐ Farm Property Coverage
- ☐ Farm Liability Coverage
- ☐
- ☐
- ☐

In return for payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as indicated in this schedule. Insurance is provided only for those coverages for which a specific limit is shown on the attached coverage declarations.

DPP-9

Total Policy

Premium \$ 54,486.00

(This premium may be subject to adjustment)

Countersigned by

JAN 22 1996

ET

Authorized Representative

POLICY CHANGES

Endorsement #

6

Named Insured:

White Oak Inc

(See IL7016 0189)

Policy Number:

S 1352759

Policy Effective Date:

10/11/95

Endorsement Effective Date:

08/30/96

Changes indicated in this endorsement affect all coverages provided under this

COMMERCIAL POLICY

The Common Declarations Page is amended to reflect the changes indicated below by an ☒ " .☐

Amend the Named Insured to read: _____

☐

Amend the Insured's Address to read: _____

☐

Coverage Parts of this policy are revised as follows:

☐

Add _____

☐

Delete _____

The Commercial Policy Coverage Schedule is amended to include these changes.

☐

Other Changes

Boothurst LLC is amended to read Boothurst LLC

Pro-Rata Factor:

Number of Days

Total Endorsement Premium:

NIL

11/11/96 /HV/KB

Date of Issue

4801

Agent No.

Authorized Representative Signature

POLICY CHANGES

Endorsement # 5

Named Insured:

WHITE OAK BUILDERS INC
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 05/23/96

Changes indicated in this endorsement affect all coverages provided under this

COMMERCIAL POLICY

The Common Declarations Page is amended to reflect the changes indicated below by an ☒ "X".☐

Amend the Named Insured to read: _____

☐

Amend the Insured's Address to read: _____

☐

Coverage Parts of this policy are revised as follows:

☐

Add _____

☐

Delete _____

The Commercial Policy Coverage Schedule is amended to include these changes.

☒

Other Changes

THE FOLLOWING NAME IS ADDED TO THE SCHEDULE OF NAMED INSURED:

ROUTE 72, INC

Pro-Rata Factor:
Number of Days

Total Endorsement Premium:

NIL

06/13/96 /HV/MR

Date of Issue

4801

Agent No.

JUN 13 1996

Authorized Representative Signature

POLICY CHANGES

Endorsement #

4

Named Insured:

WHITE OAK BUILDERS INC
(SEE IL7016 0189)

Policy Number:

S 1352759

Policy Effective Date:

10/11/95

Endorsement Effective Date:

10/11/95

Changes indicated in this endorsement affect all coverages provided under this

COMMERCIAL POLICY

The Common Declarations Page is amended to reflect the changes indicated below by an ☒ "X".☐

Amend the Named Insured to read: _____

☐

Amend the Insured's Address to read: _____

☐

Coverage Parts of this policy are revised as follows:

☐

Add _____

☐

Delete _____

The Commercial Policy Coverage Schedule is amended to include these changes.

☒

Other Changes

ON THE LIST OF NAMED INSURED, THE NAME ST GEORGIA'S TRUST
IS AMENDED TO READ ST GEORGES TRUSTPro-Rata Factor:
Number of Days

Total Endorsement Premium:

NIL

02/28/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

Bo

POLICY CHANGES

Endorsement # 3

Named Insured: WHITE OAK BUILDERS INC (SEE IL7016 0189)	Policy Number: S 1352759 Policy Effective Date: 10/11/95 Endorsement Effective Date: 02/19/96
Changes indicated in this endorsement affect all coverages provided under this COMMERCIAL POLICY	
The Common Declarations Page is amended to reflect the changes indicated below by an <input checked="" type="checkbox"/> "X".	
<input type="checkbox"/> Amend the Named Insured to read: _____	
<input type="checkbox"/> Amend the Insured's Address to read: _____	
<input type="checkbox"/> Coverage Parts of this policy are revised as follows:	
<input type="checkbox"/> Add _____	
<input type="checkbox"/> Delete _____	
The Commercial Policy Coverage Schedule is amended to include these changes.	
<input checked="" type="checkbox"/> Other Changes	
THE FOLLOWING NAME IS ADDED TO THE LIST OF NAMED INSURED:	
Stone Mill Inc	
Pro-Rata Factor: Number of Days	Total Endorsement Premium: NIL

02/28/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

POLICY CHANGES

Endorsement # 4

Named Insured:

WHITE OAK INC
(SEE IL7016 0189)Policy Number: S 1352759Policy Effective Date: 10/11/95Endorsement Effective Date: 11/22/95

Changes indicated in this endorsement affect all coverages provided under this

COMMERCIAL POLICY

The Common Declarations Page is amended to reflect the changes indicated below by an ☒ "X".☒ Amend the Named Insured to read: WHITE OAK BUILDERS INC(SEE IL7016 0189)☐ Amend the Insured's Address to read: _____☐ Coverage Parts of this policy are revised as follows:☐ Add _____☐ Delete _____

The Commercial Policy Coverage Schedule is amended to include these changes.

☐ Other ChangesPro-Rata Factor:
Number of DaysTotal Endorsement Premium: NIL02/28/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

POLICY CHANGES

Endorsement #

Named Insured: WHITE OAK INC (SEE IL7016 0189)	Policy Number: S 1352759 Policy Effective Date: 10/11/95 Endorsement Effective Date: 11/02/95
Changes indicated in this endorsement affect all coverages provided under this COMMERCIAL POLICY	
The Common Declarations Page is amended to reflect the changes indicated below by an <input checked="" type="checkbox"/> " ".	
<input type="checkbox"/> Amend the Named Insured to read: _____ _____	
<input type="checkbox"/> Amend the Insured's Address to read: _____ _____	
<input type="checkbox"/> Coverage Parts of this policy are revised as follows: <input type="checkbox"/> Add _____ <input type="checkbox"/> Delete _____	
The Commercial Policy Coverage Schedule is amended to include these changes.	
<input checked="" type="checkbox"/> Other Changes THE FOLLOWING NAMES ARE ADDED TO THE LIST OF NAMED INSURED: Capano Enterprises Inc Wyndom Inc	
<div style="display: flex; justify-content: space-between;"> <div> Pro-Rata Factor: 0.940 Number of Days: 343 </div> <div> Total Endorsement Premium: NIL </div> </div>	

01/23/96 /HV/MR

Date of Issue

4801

Agent No.

FEB 5 1996

ET

Authorized Representative Signature

POLICY CHANGES

Endorsement # _____

Named Insured: _____

Policy Number: S 1352759

Policy Effective Date: _____

Endorsement Effective Date: _____

Coverage Part Affected: _____

Common Declaration**CHANGES**

The above coverage part is hereby amended as follows:

*Page 1 of 3***Named Insured**

Environmental Resources Inc
 Cranbrook Development Company
 Carriage Run Inc
 The American Group
 Joseph L Capano Builders Inc
 Newbury Village Inc
 Rt 40 & 7 Venture Inc
 Gulls Nest Inc
 Capano Builders Inc
 Canterbury Village L P
 Olde Christiana Management Company Inc
 FJM Limited Partnership
 Cranbrook Realty
 Windover Company
 Ken Company
 Pro-To-Call Realty Inc
 Christiana Concrete Company Inc
 J O F R Inc
 Tree Lane Associates Inc
 Hawks Nest Inc
 77 Associates Inc
 Buttonwood Enterprises Inc
 Wellington Woods Maintenance Corp
 Kensington Maintenance Corp
 Valley Road Maintenance Assoc
 Lakeside Maintenance Assoc
 Capano Enterprises Inc
 J L Capano Inc

Date of Issue

Agent No.

Authorized Representative Signature

POLICY CHANGES

Endorsement # _____

Named Insured:

Policy Number: S 1352759

Policy Effective Date: _____

Endorsement Effective Date: _____

Coverage Part Affected:

Common Declaration

CHANGES

The above coverage part is hereby amended as follows:

Page 2063

Named Insured

White Oak Builders Inc
 Harmony Crest Inc
 Soya Inc
 Texaco Inc
 Bass Properties Inc
 Golden Acres Inc
 Open Spaces Inc
 Oak Run Inc
 Christiana Ventures Inc
 JYD Inc
 Penn Manor Inc
 Clair Manor Inc
 J L Capano Realty Inc
 Olde Christiana Concrete Company Inc
 Capano Communities Inc
 Pemberley Inc
 Black Horse Realty Inc
 9244 Inc
 Capko Custom Homes Inc
 Rutledge Builders Inc
 JNC Inc
 Caplem Inc
 Westbridge Inc
~~Boothurst LLC~~ *Boothurst LLC*
 Del Investments Inc
 600 Delaware Avenue Inc
 Rivers End Inc
 Smalleys Dam Venture Inc
 Capano Enterprises Inc
 Wyndorn, Inc

Date of Issue

Agent No.

Authorized Representative Signature

POLICY CHANGES

Endorsement # _____

Named Insured:	Policy Number: <u>S 1352759</u>
	Policy Effective Date: _____
	Endorsement Effective Date: _____

Coverage Part Affected:

Common Declaration

CHANGES

The above coverage part is hereby amended as follows:

Page 3063

Named Insured

Salem Trace Inc
 J L Capano Realtor
 Grady Inc
 Christiana Excavating Company Inc
 Genesis Land Development
 Genesis Masonry Sand Products
 Kensington Inc
 St Georgias Trust *St Georges Trust*
 Raven Glen Inc
 Wellington Trust
 Springfield Maintenance Assoc
 Rutledge Maintenance Assoc
 Clair Manor Maintenance Assoc
 Bear Crossing Ltd
 Route 13 Associates Inc
 Cromwell Properties Inc
 Cotswold Builders Inc
 Richards Lane Inc
 Wellington Group Inc
 Industry 40
 Bellwether Manor Inc
 Rutledge II Associates Inc
 Hodav Inc
 Fox Run Maintenance Assoc
 Springfields Inc
 Springfields Ventures Inc
 Bear Trac LLC
 Glasgow Farms LLC
 Route 7 & Joint LLC
Stone Mill Inc
Route 72 Inc

POLICY CHANGES

Endorsement # 9

Named Insured:

White Oak Inc

(See IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 08/30/96

Coverage Part Affected:

COMMERCIAL GENERAL LIABILITY

CHANGES

The above coverage part is hereby amended as follows:

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS,
CG2010 1093, IS ADDED PER THE ATTACHED

10%

STANDARD
COMMISSION
EXCEPTION

TOTAL ENDORSEMENT PREMIUM: NIL

11/11/96 /HV/KB

Date of Issue

4801

Agent No.

Authorized Representative Signature

POLICY NUMBER: S 1352759

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

NEW CASTLE COUNTY DEPARTMENT OF PUBLIC WORKS
ROOM 130
2701 CAPITOL TRAIL
NEWARK, DE 19711

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

POLICY CHANGES

Endorsement #

8

Named Insured:

WHITE OAK BUILDERS INC
SEE IL7016 0189

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 05/23/96

Coverage Part Affected

COMMERCIAL GENERAL LIABILITY

CHANGES

10%

STANDARD
COMMISSION
EXCEPTION

The above coverage part is hereby amended as follows:

VACANT BUILDINGS - NOT FACTORIES - OTHER THAN
NOT-FOR-PROFIT (T-001)
LOC 32A: 2160 NEW CASTLE AVENUE
NEW CASTLE, NEW CASTLE COUNTY, DE 19720

ADD:	68606	31,035 (A)	10.046	INCL	(334) 312	(336) INCLUDED
			PRO RATA		120	INCLUDED

	(334)	120	A.P.
	(336)		
Pro Rata Factor:	0.386		
Number Days:	141		
Additional Premium:		\$120	

06/13/96 /HV/MR

Date of Issue

4801

Agent No.

JUN 13 1996

Authorized Representative Signature

IL 70 '6 01 89

310

THIS ENDORSEMENT

POLICY CHANGES

Endorsement #

Named Insured: WHITE OAK BUILDERS INC (SEE IL7016 0189)	Policy Number: S 1352759 Policy Effective Date: 10/11/95 Endorsement Effective Date: 03/23/96																					
Coverage Part Affected COMMERCIAL GENERAL LIABILITY																						
<div style="text-align: center; margin-bottom: 10px;"> CHANGES </div> <p>The above coverage part is hereby amended as follows:</p> <div style="margin-top: 20px;"> <p>REAL ESTATE DEVELOPMENT PROPERTY (T-001) LOC 31A: STRIPER RUN, WATERMAN ESTATES ROCK HALL, KENT COUNTY, MD 21661</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">ADD:</td> <td style="width: 15%;">47051</td> <td style="width: 10%;">10 (T)</td> <td style="width: 10%;">21.333</td> <td style="width: 10%;">INCL</td> <td style="width: 10%; text-align: right;">(334)</td> <td style="width: 10%; text-align: right;">(336)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">PRO RATA</td> <td style="text-align: right;">213</td> <td style="text-align: right;">INCLUDED</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">118</td> <td style="text-align: right;">INCLUDED</td> </tr> </table> </div> <div style="margin-top: 400px; text-align: right; padding-right: 50px;"> <p>(334) 118 A.P. (336) Pro Rata Factor: 0.553 Number Days: 202 Additional Premium: \$118</p> </div>		ADD:	47051	10 (T)	21.333	INCL	(334)	(336)					PRO RATA	213	INCLUDED						118	INCLUDED
ADD:	47051	10 (T)	21.333	INCL	(334)	(336)																
				PRO RATA	213	INCLUDED																
					118	INCLUDED																

06/13/96 /HV/MR
 Date of Issue
 IL 7016 01 89

4801
 Agent No.

JUN 13 1996
 Authorized Representative Signature
- N.P. -

POLICY CHANGES

Endorsement # 6

Named Insured:

WHITE OAK BUILDERS INC
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 01/25/96

Coverage Part Affected

COMMERCIAL GENERAL LIABILITY

CHANGES

10%

STANDARD
COMMISSION
EXCEPTION

The above coverage part is hereby amended as follows:

MODEL HOMES (T-001)
LOC 30A: LOT 13, BELLWETHER MANOR
BEAR, NEW CASTLE COUNTY, DE

ADD:	46362	1 (U)	95.659	INCL	(334) 96	(336) INCLUDED
			PRO RATA		68	INCLUDED

(334) 68 A.P.
(336)

Pro Rata Factor: 0.704

Number Days: 257

Additional Premium: \$68

02/29/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

POLICY CHANGES

Endorsement # 5

Named Insured:

WHITE OAK BUILDERS INC
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 12/01/95

Coverage Part Affected

COMMERCIAL GENERAL LIABILITY

CHANGES

10%

STANDARD
COMMISSION
EXCEPTION

The above coverage part is hereby amended as follows:

MODEL HOMES

LOC 25A: 104 SHIM CIRCLE, LIMESTONE,
WILMINGTON, NEW CASTLE COUNTY, DE

DELETE:	46362	1 (U)	95.659	INCL	(334) 96	(336) INCLUDED
				PRO RATA	83	INCLUDED

MODEL HOMES (T-001)

LOC 29A: LOT 14, BELLWETHER MANOR,
BEAR, NEW CASTLE COUNTY, DE

ADD:	46362	1 (U)	95.659	INCL	96	INCLUDED
				PRO RATA	83	INCLUDED

Pro Rata Factor: 0.860

Number Days: 314

Total Endorsement Premium: NIL

02/29/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 70 16 01 89

B

POLICY CHANGES

Endorsement # 4

Named Insured:

WHITE OAK BUILDERS INC
(SEE IL7016 0189)

Policy Number: S 1352759

Policy Effective Date: 10/11/95

Endorsement Effective Date: 11/30/95

Coverage Part Affected

COMMERCIAL GENERAL LIABILITY

10%

STANDARD
COMMISSION
EXCEPTION

CHANGES

The above coverage part is hereby amended as follows:

WAREHOUSES - PRIVATE - OTHER THAN
NOT-FOR-PROFIT
LOC 2A: 60 RAILROAD AVENUE, BEAR,
NEW CASTLE COUNTY, DE

DELETE:	68706	1,500 (A)	21.334	INCL	(334) 32	(336) INCLUDED
				PRO RATA	28	INCLUDED

WAREHOUSES - PRIVATE - OTHER THAN
NOT-FOR-PROFIT (T-001)
LOC 28A: 402 CONNER BLVD., INDUSTRY 40,
PULASKI, BEAR, NEW CASTLE COUNTY, DE

ADD:	68706	1,000 (A)	21.334	INCL	21	INCLUDED
				PRO RATA	18	INCLUDED

(334) 10 R.P.

(336)

Pro Rata Factor: 0.863

Number Days: 315

Return Premium: \$10

02/29/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 70 16 01 89

B

POLICY CHANGES

Endorsement # 3

Named Insured: WHITE OAK BUILDERS INC (SEE IL7016 0189)	Policy Number: <u>S 1352759</u>
	Policy Effective Date: <u>10/11/95</u>
	Endorsement Effective Date: <u>11/22/95</u>

Coverage Part Affected

COMMERCIAL GENERAL LIABILITY

10% STANDARD COMMISSION EXCEPTION

CHANGES

The above coverage part is hereby amended as follows:

MODEL HOMES (T-001)
 LOC 27A: LOT 140, LEA EARA FARMS
 MIDDLETOWN, DE

ADD:	46362	1 (U)	95.659	INCL	(334) 96	(336) INCLUDED
				PRO RATA	85	INCLUDED

(334) 85 A.P.
 (336)
 Pro Rata Factor: 0.885
 Number Days: 323
 Additional Premium: \$85

02/28/96 /HV/MR
 Date of Issue

4801
 Agent No.

 Authorized Representative Signature

RS

POLICY CHANGES

Endorsement # 2

Named Insured: WHITE OAK BUILDERS INC (SEE IL7016 0189)		Policy Number: S 1352759 Policy Effective Date: 10/11/95 Endorsement Effective Date: 10/11/95	
Coverage Part Affected COMMERCIAL GENERAL LIABILITY		10% STANDARD COMMISSION EXCEPTION	
CHANGES			
The above coverage part is hereby amended as follows:			
MODEL HOMES LOC 9A: WELLINGTON WOODS, OFF ROUTE 40, BEAR, NEW CASTLE COUNTY, DE			
DELETE:	46362	1 (U)	95.659 INCL (334) 96 (336) INCLUDED
MODEL HOMES LOC 23A: 102 RICHARD LANE, WILMINGTON, NEW CASTLE COUNTY, DE			
DELETE:	46362	1 (U)	95.659 INCL 96 INCLUDED
		(334) 192	R.P.
		(336)	
		Pro Rata Factor: 1.000	
		Number Days: 365	
		Return Premium:	\$192

02/28/96 /HV/MR

Date of Issue

4801

Agent No.

Authorized Representative Signature

IL 70 16 01 89

R.S.

Endorsement # 1

TOTAL ENDORSEMENT PREMIUM: NIL

Authorized Representative Signature

Selective

Sng. 60

New to Company

Replaces Pol. #

S 3208281

Policy Number: S 1352759

Policy Effective Date: 10-11-95

Coverage Effective Date:

(Same as Policy Effective Date unless otherwise shown.)

Named Insured is: ☐ Individual ☒ Corporation☐ Partnership ☐ Joint Venture☐ Other

Business of Named Insured: Carpentry Contractor

10%
STANDARD
COMMISSION
EXCEPTION

Insurance is provided only for those coverages for which a specific limit is shown in the following coverage schedule.

Coverage Schedule

Coverage	Limits
General Aggregate Limit (Other than Products-Completed Operations)	\$2,000,000.
Products-Completed Operations Aggregate Limit	\$2,000,000.
Personal and Advertising Injury Limit	\$1,000,000.
Each Occurrence Limit	\$1,000,000.
Fire Damage Limit	\$ 50,000. ANY ONE FIRE
Medical Expense Limit	\$ 5,000. ANY ONE PERSON

Forms and Endorsements:

F-639 (3/87)

Form 943(3/86)

IL0021 1194

CG2010 1185

IL0017 1185

CG7032 0490

CG0001 1188

CG2147 0989

CG2150 0989

CG2503 1185

CG2504 1185

Premium \$ 13,979.00

(This premium may be subject to adjustment.)

INSURANCE
Selective

This schedule lists classifications, exposures, rates and premiums for those coverage parts indicated below:

☒ Commercial General Liability ☐ Products/Completed Operations
☐ Owners and Contractors Protective Liability ☐ Liquor Liability
☐

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM			
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS		
CARPENTRY - CONSTRUCTION OF RESIDENTIAL PROPERTY NOT EXCEEDING THREE STORIES IN HEIGHT Loc 1A: 1 S Old Baltimore Pike, Newark, New Castle County, DE	91340#	a) Area c) Total Cost p) Payroll s) Gross Sales u) Units 600,000.00 (p)	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit 9.110	2.824	5,466.00	1,694.00		
CONTRACTORS - SUBCONTRACTED WORK - IN CONNECTION WITH BUILDING CONSTRUCTION, RECONSTRUCTION, REPAIR OR ERECTION - ONE OR TWO FAMILY DWELLINGS Loc 1B: See Loc 1A	91583	3,500,000.00 (c)	0.243	0.516	851.00	1,806.00		
WAREHOUSES - PRIVATE - OTHER THAN NOT-FOR-PROFIT Loc 2A: 60 Railroad Avenue Bear, New Castle Co., DE	68706	1,500.00 (a)	21.334	INCL.	32.00	INCL.		
Minimum Premium \$ 208.00 / \$ 312.00			Total Advance Premium \$		Cont	Cont		
Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address) See Above Schedule								
Your Interest In These Premises: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Lessee <input type="checkbox"/> Tenant <input type="checkbox"/>								
Part You Occupy: Portion								
This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.								

F-639 (3/87)

BRANCH OFFICE COPY

INSURANCE
Selective

This schedule lists classifications, exposures, and

parts indicated below:

☒ Commercial General Liability☐ Products/Completed Operations☐ Owners and Contractors Protective Liability☐ Liquor Liability☐

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
VACANT LAND - OTHER THAN NOT-FOR-PROFIT Loc 3A: Summit Bridge Road, East, Middletown, New Castle Co. DE	49451#	a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acres 173.00 (t)	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre 3.318	INCL.	574.00	INCL.
DWELLINGS - ONE-FAMILY (LESSOR'S RISK ONLY) Loc 3B: See Loc 3A	63010	1.00 (u)	25.889	INCL.	26.00	INCL.
VACANT LAND - OTHER THAN NOT-FOR-PROFIT Loc 5A: Rt 40 & 7, Wawa, Bear New Castle County, DE	49451#	15.00 (t)	3.318	INCL.	50.00	INCL.
Minimum Premium \$ 208.00 / \$ 312.00		Total Advance Premium \$		Cont		Cont
Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address) See Above Schedule						
Your Interest In These Premises: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Lessee <input type="checkbox"/> Tenant <input type="checkbox"/>						
Part You Occupy: Portion						
This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.						

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING - MAINTAINED BY THE INSURED (LESSOR'S RISK ONLY)- OTHER THAN NOT-FOR-PROFIT Loc 5B: See Loc 5A	61217	a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acre 10,068.00 (a)	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre 26.876	INCL.	271.00	INCL.
REAL ESTATE DEVELOPMENT PROPERTY Loc 6A: Old Airport Road & 195, New Castle Co, DE	47051	3.00 (t)	22.093	INCL.	66.00	INCL.
VACANT LAND - OTHER THAN NOT-FOR-PROFIT Loc 7A: Taylorstowne, Smalleys Dam Road, Newark, New Castle Co De	49451	19.00 (t)	3.318	INCL.	63.00	INCL.
Minimum Premium \$		208.00 / \$	312.00	Total Advance Premium \$		Cont
Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address) See Above Schedule						
Your Interest In These Premises: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Lessee <input type="checkbox"/> Tenant <input type="checkbox"/>						
Part You Occupy: Portion						
This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.						

INSURANCE
Selective

This schedule lists classifications, exposures, rates and premiums for those coverage parts indicated below:

☒ Commercial General Liability ☐ Products/Completed Operations
☐ Owners and Contractors Protective Liability ☐ Liquor Liability
☐

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
		a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acres	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre			
VACANT LAND - OTHER THAN NOT-FOR-PROFIT Loc 8A: Rivers End, Smalleys Dam Road, Newark, New Castle Co, DE	49451#	12.00 (t)	3.318	INCL.	40.00	INCL.
MODEL HOMES Loc 9A: Wellington Woods, Off Rt 40, Bear, New Castle Co, DE	46362	1.00 (u)	95.659	INCL.	96.00	INCL.
VACANT LAND - OTHER THAN NOT-FOR-PROFIT Loc 9B: See Loc 9A	49451#	40.00 (t)	3.318	INCL.	133.00	INCL.
Minimum Premium \$ 208.00 / \$ 312.00			Total Advance Premium \$		Cont	Cont
Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address) See Above Schedule						
Your Interest In These Premises: <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Lessee <input type="checkbox"/> Tenant <input type="checkbox"/>						
Part You Occupy: Portion						
This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.						

INSURANCE
Selective

This schedule lists classifications, exposures, rates and premiums for those coverage parts indicated below:

☒ Commercial General Liability ☐ Products/Completed Operations
☐ Owners and Contractors Protective Liability ☐ Liquor Liability
☐

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
		a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acres	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre			
VACANT LAND - OTHER THAN NOT-FOR-PROFIT Loc 9C: See Loc 9A	49451#	19.00 (t)	3.318	INCL.	63.00	INCL.
VACANT LAND - OTHER THAN NOT-FOR-PROFIT Loc 10A: Summit Bridge Road, West, Middletown, New Castle Co, DE	49451#	111.00 (t)	3.318	INCL.	368.00	INCL.
VACANT LAND - OTHER THAN NOT-FOR-PROFIT Loc 11A: Summit Bridge Road, Control East, Middletown, New Castle Co, DE	49451#	16.00 (t)	3.318	INCL.	53.00	INCL.

Minimum Premium \$	208.00 / \$	312.00	Total Advance Premium \$	Cont	Cont
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Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address)

See Above Schedule

Your Interest In These Premises: ☒ Owner ☐ General Lessee ☐ Tenant ☐

Part You Occupy: Portion

This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.

INSURANCE
Selective

This schedule lists classifications, exposures, rates and premiums for those coverage parts indicated below:

☒ Commercial General Liability ☐ Products/Completed Operations
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☐ ☐

CLASSIFICATION	CLASS CODE	PREMIUM BASIS	RATES		ADVANCE PREMIUM	
			PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS	PREMISES - OPERATIONS	PRODUCTS - COMPLETED OPERATIONS
		a) Area c) Total Cost p) Payroll s) Gross Sales u) Units t) Acres	a) per 1000 square feet c) per \$1000 of Cost p) per \$1000 of Payroll s) per \$1000 of Sales u) per Unit t) per Acre			
REAL ESTATE DEVELOPMENT PROPERTY Loc 12A: Rt 1 Rehoboth Shore Estates, Rehoboth, Sussex Co, DE	47051	19.00 (t)	22.093	INCL.	420.00	INCL.
BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING - MAINTAINED BY THE INSURED (LESSOR'S RISK ONLY)- OTHER THAN NOT-FOR-PROFIT Loc 13A: 467 Airport Road, New Castle Co, DE	61217	4,000.00 (a)	26.876	INCL.	108.00	INCL.
DWELLINGS - ONE-FAMILY (LESSOR'S RISK ONLY) Loc 14A: 800 Ocean Drive, Bethany, Sussex Co, DE	63010	1.00 (u)	25.889	INCL.	26.00	INCL.

Minimum Premium \$	208.00 / \$	312.00	Total Advance Premium \$	Cont	Cont
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Location Of All Premises You Own, Rent or Control: (Enter Same if same as Address)

See Above Schedule

Your Interest In These Premises: ☒ Owner ☐ General Lessee ☐ Tenant ☐

Part You Occupy: Portion

This Schedule lists all your premises, operations and other exposures, as they exist as of the Coverage Effective Date.